

Foster Family Home - Corrective Action Report

Provider ID: 1-150081

Home Name: Marivic Gallardo, CNA

Review ID: 1-150081-6

860 Hoomoana Way

Reviewer: Julie Hastings

Pearl City HI 96782

Begin Date: 4/17/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.
-Home is in compliance with all requirements. Home will receive a 3 bed certification

Compliance Manager

Date

Primary Care Giver

Date